



Quality Incentive Payment Program (QIPP)

Quality Metrics Summary for State Fiscal Year (SFY) 2023

HHSC has designated the following quality metrics for QIPP Year Six capitation rate components, covering the program period that begins on September 1, 2022.

Component One

HHSC designates one quality metric for Component One. Component One is open only to non-state government owned (NSGO) providers. Funds in this Component are distributed monthly. As a condition of participation, non-state government-owned nursing facilities must report monthly their QAPI meeting and progress made on their PIP and must serve at least one Medicaid member in the reporting period. The metric is:

- **Metric 1:** Facility holds a QAPI meeting each month that accords with quarterly federal requirements and pursues specific outcomes developed by the NF as part of a focused PIP.

This metric entails an attestation by the facility administrator or authorized staff of a monthly meeting that incorporates all goals set forth for QAPI development by CMS. These goals are designed around existing federal rule 42 C.F.R. § 483.75.

This metric also entails monthly reporting of ongoing data collection and analysis that inform the development and implementation of the NF's PIP, which must focus on a CMS long-stay MDS quality measure with data published on the Centers for Medicare and Medicaid Services (CMS) Care Compare website.

NOTE: As part of their QAPI process, the NF will be required to review progress that is being made to improve a workforce development PIP as well (see "Component Two" below).

HHSC will perform quarterly reviews on a sample of providers. Failure to participate in the review or to provide supporting documentation could result in adjustments pursuant to 1 T.A.C. §353.1301(k).

Component Two – Workforce Development

HHSC designates three equally weighted quality metrics for Component Two.

Component Two is open to all provider types, and funds are distributed monthly. The three metrics are:

- **Metric 1:** NF maintains four additional hours of registered nurse (RN) staffing coverage per day, beyond the CMS mandate.
- **Metric 2:** NF maintains eight additional hours of RN staffing coverage per day, beyond the CMS mandate.
- **Metric 3:** NF has a workforce development program in the form of a PIP that includes a self-directed plan and monitoring outcomes.

For quality metrics one and two, HHSC has outlined the following requirements for how a NF meets these metrics:

- Facilities must submit direct care staffing information (including information for agency and contract staff) based on payroll or other auditable data. Attestations to hours must be made with evidence.
- Hours above the federally mandated eight hours of in-person RN coverage must be scheduled non-concurrently with mandated hours.
- Additional hours must be dedicated to direct-care services; Director of Nursing (DON) or managerial hours cannot be counted towards the 4 or 8 additional hours.
- NFs must provide in total 12 or 16 hours of RN coverage, respectively, on at least 90 percent of the days within the reporting period.
- Only hours actually worked count toward additional coverage; meal breaks must be deducted from scheduled hours.
- NFs may use telehealth technologies for scheduling hours beyond the eight hour in-person mandate.

For quality metric three, and as a condition of participation, all QIPP providers must submit a workforce development plan in the form of a PIP. Facilities must

report monthly progress updates on monitoring the NF's workforce development PIP.

HHSC will not determine specific outcomes required for meeting this metric; rather, each NF must monitor and regularly report ongoing development of its self-directed goals and outcomes. Consideration of workforce development activities specific to Certified Nursing Assistants is encouraged as part of the PIP process.

HHSC will conduct quarterly reviews of RN hours and performance improvement projects on a sample of providers. If selected, the NF will have 14 business days to submit requested documentation to HHSC. Failure to participate in the review or to provide supporting documentation could result in adjustments pursuant to 1 T.A.C. §353.1301(k).

Component Three – Minimum Data Set CMS Five-Star Quality Measures

HHSC designates four equally weighted quality metrics for Component Three.

Component Three is open to all provider types, and funds are distributed quarterly. All four metrics relate to Long-Stay Minimum Data Set (MDS) quality metrics and are measured against program-wide as well as facility-specific targets. Facility performance is based only on Medicaid managed care beneficiaries assessed during each reporting period. The four metrics are:

- **Metric 1:** (CMS N015.03) Percent of high-risk residents with pressure ulcers, including unstageable pressure ulcers.
- **Metric 2:** (CMS N031.03) Percent of residents who received an antipsychotic medication.
- **Metric 3:** (CMS N035.03) Percent of residents whose ability to move independently has worsened.
- **Metric 4:** (CMS N024.02) Percent of residents with a urinary tract infection.

Facility-specific targets are calculated as improvements upon a NF's initial baseline, beginning with a five percent relative improvement in quarter one and increasing by five percent each subsequent quarter, up to 20% relative improvement by Quarter 4. Program-wide targets are set at the most recently published national average for each quality metric. NF initial baselines and quality metric benchmarks will be posted to the QIPP website at the beginning of the SFY 2023 program year.

For a quality metric to be considered “Met” in a quarter, the NF must perform either:

- Equal to or better than its facility-specific target; or
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF’s initial baseline.

Each metric-specific margin will be defined as the absolute +/- change in the national average for that metric from the previous program year to the current program year.

NFs Report MDS Assessment Data to CMS, per Federal Requirements. NFs do not have to report MDS data or results to HHSC for QIPP. HHSC will calculate NF performance each quarter based only on Medicaid managed care beneficiaries assessed during the reporting period.

Component Four – Infection Control Program

HHSC designates one quality metric for Component Four that entails staged performance targets over the four quarters of the program year. Component Four is open only to NSGO providers, and funds are distributed quarterly. This metric is:

- **Metric 1:** Facility has active infection control program that includes pursuing improved outcomes in vaccination rates and antibiotic stewardship^a.
- **Frequency:** Quarterly
- **Deadlines:** End of the “one-month reconciliation” period, which is set as a specific date during the month following the reporting period. E.g. For the SFY 2023 program year, the deadlines are 12/28/2022 (Q1), 3/29/2023 (Q2), 6/28/2023 (Q3), and 9/27/2023 (Q4).

^a Recommended evidence-based resource: **Implement, Monitor, and Sustain an Antimicrobial Stewardship Program**. Content last reviewed October 2016. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/nhguide/toolkits/implement-monitor-sustain-program/index.html>

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- **Required Document Submission:** Antibiotic prescription policies, HH audit documentation, PPE audit documentation (Q1, Q3); infection control training certificates, updated infection control policies and procedures (Q2).

Staged Quarterly Performance Targets

Quarters 1 & 3: NFs must attest to and submit documents supporting all key infection control elements listed below before the end of the reconciliation period^b:

- Written policies on antibiotic prescribing
- Designated leadership individuals for antibiotic stewardship
- Pharmacy-generated antibiotic use report from within the last six months
- Antibiogram report from within the last six months (or from regional hospital)
- Current list of reportable diseases
- Audits (monitors and documents) of adherence to hand hygiene^c
- Audits (monitors and documents) of adherence to personal protective equipment use^d

Quarter 2: NFs must attest to and submit documentation supporting **both** elements below before the end of the reconciliation period:

- Nursing Facility Administrator (NFA) and Director of Nursing (DON) completing the 'Nursing Home Infection Preventionist Training course'

^b Recommended resources to implement '**Leadership Commitment and Accountability', 'Drug Expertise, Tracking and Reporting'** Core Elements of Antibiotic Stewardship, Implementation Resources for Nursing Homes. Content last reviewed October 7, 2021. Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Healthcare Quality Promotion (DHQP). <https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes/implementation.html>

^c **Hand Hygiene Observational Audits Data Tracking Tool and User Guide**, Auditing Strategies to Improve Infection Prevention Processes in Nursing Homes. Content last reviewed July 2021. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/nursing-home/materials/prevention/observational-audits.html>

^d **Personal Protective Equipment COVID-19 Observational Audit Data Tracking Tool and User Guide**, Auditing Strategies to Improve Infection Prevention Processes in Nursing Homes. Content last reviewed July 2021. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/nursing-home/materials/prevention/observational-audits.html>

produced by CDC in collaboration with the Centers for Medicare & Medicaid Services (CMS) (CDC Train Course ID#WB4081 or WB4448).

- Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Updated within 6 months of reporting period)

The 'Nursing Home Infection Preventionist Training Course' is located on CDC's TRAIN website (https://www.train.org/cdctrain/training_plan/3814) as a free and flexible online course. The course ID was updated from WB4081 to WB4448 on October 1, 2021. The total time to complete the course is estimated at 20 hours and consists of 23 modules (for WB#4081) or 24 modules (for WB4448). The modules can be completed in any order and over multiple sessions. The average time to complete each module ranges from 30 to 90 minutes. The course was developed for the individual(s) responsible for IPC programs in nursing homes; however, it includes content that will be helpful for nursing home administrators and program managers, besides clinical staff.

Quarter 4: NFs must meet performance targets in **both** the vaccination measures listed below for the metric to be considered "Met" for the reporting period. NF performance will be measured against NF-specific baselines and the most recently published national average as of the beginning of the program year:

- Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (CMS N020.02)
- Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine (CMS N016.03)

Facility-specific targets are calculated as a 5% relative improvement upon a NF's initial baseline. Program-wide targets are set at the most recently published national average for each quality metric as of the beginning of the program year.

For a vaccination quality metric to be considered "Met" in Quarter 4, the NF must perform **either**:

- Equal to or better than its facility-specific target; **or**
- Equal to or better than the program-wide target without declining in performance beyond an allowed margin from the NF's initial baseline.

Each metric-specific margin will be defined as the absolute +/- change in the national average for that metric from the previous program year to the current program year.

NFs Report MDS Assessment Data to CMS, per Federal Requirements. NFs do not have to report MDS data or results to HHSC for QIPP. HHSC will calculate NF performance each quarter based only on Medicaid managed care beneficiaries assessed during the reporting period.

Quality Measure Summaries

Table 1: Final Quality Metrics

Component	Type	Tag(s)	Metric
One	State Benchmark Required as a condition of participation	N/A	Facility holds a QAPI meeting each month in accordance with quarterly federal requirements and pursuant of a facility-specific PIP
Two: Metric 1	State Benchmark	N/A	NF maintains 4 additional hours of RN coverage per day, beyond the CMS mandate
Two: Metric 2	State Benchmark	N/A	NF maintains 8 additional hours of RN coverage per day, beyond the CMS mandate
Two: Metric 3	State Benchmark Required as a condition of participation	N/A	Facility has a workforce development PIP that includes a self-directed plan and monitoring outcomes
Three: Metric 1	Minimum Data Set	CMS N015.03	Percent of high-risk residents with pressure ulcers
Three: Metric 2	Minimum Data Set	CMS N031.03	Percent of residents who received an antipsychotic medication
Three: Metric 3	Minimum Data Set	CMS N035.03	Percent of residents whose ability to move independently has worsened
Three: Metric 4	Minimum Data Set	CMS N024.02	Percent of residents with a urinary tract infection

Component	Type	Tag(s)	Metric
Four (One metric with staged quarterly performance targets)	State Benchmark	Quarters 1 & 3 Performance Targets: The NF must submit evidence-based infection control policies and supporting documentation that include seven stipulated antibiotic stewardship elements.	
Four (One metric with staged quarterly performance targets)	State Benchmark	Quarter 2 Performance Target: The NF must submit supporting documentation for the following training elements: <ul style="list-style-type: none"> • Nursing Facility Administrator (NFA) and Director of Nursing (DON) submit current certificate of completion for "Nursing Home Infection Preventionist Training Course" developed by CMS and the CDC. • Infection control policies demonstrating data-driven analysis of NF performance and evidence-based methodologies for intervention. (Reviewed within 6 months of reporting period) 	
Four (One metric with staged quarterly performance targets)	Minimum Data Set	Quarter 4 Performance Targets: To meet the metric, both percentages must meet or exceed the performance targets: <ul style="list-style-type: none"> • Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine • Percent of Residents Assessed and Appropriately Given the Seasonal Influenza Vaccine 	